

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G411	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/03/2014
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 7933 E CHANDLER AVE TERRE HAUTE, IN 47803
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: March 31, April 1, 2, 3, 2014</p> <p>Facility Number: 000925 Aim Number: 100244480 Provider Number: 15G411</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/9/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#2) and 2 non-sample clients (#6, #8) to ensure the clients' identified individual habilitation plans</p>	W000249	The facility has put the following system in place to ensure clients' identified individual habilitation plans and behavior support plans are implemented when opportunities present; 1. All Day	04/25/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>(IHP) and behavior support plans (BSP) were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 4/1/14 at 9:07a.m. at the facility run day program. From 9:07a.m. to 10:06a.m., clients #2, #6 and #8 were seated in their wheelchairs. Clients #2, #6 and #8 did not participate in any activity from 9:07a.m. through 10:06a.m. except to receive a drink. Clients #2 and #6 were pushed up to an activity table where peers and 1 staff were playing a dice game. Clients #2 and #6 did not play the game and did not make eye contact to watch the game. Clients #2, #6 and #8 were not given any stimulation items to manipulate. Clients #2 and #8 were observed to mouth their hands.</p> <p>Record review for client #2 was done on 4/2/14 at 11:59a.m. Client #2's current IHP (1/17/14) indicated client #2 had programs to nod yes/no, use eye gaze to make choices and manipulate sensory items to keeps hands from mouth.</p> <p>Record review for client #6 was done on 4/2/14 at 1:14p.m. Client #6's current IHP (1/1/14) indicated client #6 had programs to wash her face, make a</p>		<p>Program staff have been retrained on each client's individual habilitation plans and behavior support plans.2. Day Program staff, with the assistance of the Day Program Manager, QIDP, and Associate Director have created a daily client activity calendar to ensure active habilitation is taking place.3. The Program manager will provider hourly oversight through walking around the day program to ensure that staff are engaging clients in the active habilitation.4. Day Program staff will document the activities they engaged clients in during active habilitation.5. The QIDP will do routine spot checks a few times a day to ensure active habilitation is taking place in the day program. These systems have been put in place to ensure clients receive continuous staff interaction and are regularly prompted to participate in day program activities.</p>				

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W000484	<p>purchase with a debit card, answer yes/no questions using her yes/no cards and write a letter to her sister.</p> <p>Record review for client #8 was done on 4/2/14 at 1:23p.m. Client #8's current IHP (5/1/13) indicated client #8 had programs to exercise, bathing, toothbrushing and redirect hand from mouth.</p> <p>Professional staff #1 was interviewed on 4/2/14 at 1:26p.m. Staff #1 indicated clients #2, #6 and #8 were in their wheelchairs during most of day program time. Staff #1 indicated clients #2, #6 and #8 should receive continuous staff interactions and be prompted to participate in an activity when at the day program. Staff #1 indicated the clients should have sensory items available to them to manipulate.</p> <p>9-3-4(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p>			

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	<p>Based on observation and interview, the facility failed for 1 non-sampled client (#6) to ensure client #6's dining room table chair met her developmental needs.</p> <p>Findings include:</p> <p>An observation was done on 3/31/14 from 4:30p.m. to 6:15p.m. at the group home. From 4:42p.m. to 6:15p.m., client #6 was seated at the dining room table in a regular style dining room table chair with sidearms and a belt across her waist. Client #6 would continually slide down in the chair (during activities and dining) and required 2 staff to assist her to sit upright in the chair. Direct care staff #4 was interviewed on 3/31/14 at 6:07p.m. Staff #4 indicated client #6 was in the chair she has been using at the dining room table and client #6 "always" slides down.</p> <p>An observation was done on 4/1/14 at the group home from 6:52a.m. to 7:48a.m. Client #6 sat in a regular style dining room chair with a lap belt from 6:52a.m. to 7:28a.m. Client #6 continually slid down in the dining room chair and had to be repositioned.</p> <p>Professional staff #1 was interviewed on 4/2/14 at 1:26p.m. Staff #1 indicated she was aware client #6 continually slid</p>	W000484	The agency has obtained a a Posey belt to help the client stay in her wheel chair and not slide. The Posey belt is meant to hold the client in one position. The Human Rights Committee approved the use of a Posey belt. Staff were trained on how to use the Posey belt. There were no other clients affected by this deficient practice. To monitor to ensure compliance, the House Manager will visit with clients on a weekly basis during different times to ensure that all adaptive equipment is working according to the plan. The QIDP will also visit with clients on a monthly basis to monitor clients' adaptive equipment. Any observed issues will be discussed during the client monthly meetings and addressed as needed. The agency Quality Assurance team will meet every quarter to review clients that use adaptive equipment to ensure that; it is in good working condition, it is working as per IDT plan and that the client is comfortable.	04/25/2014	

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	<p>down in her dining room chair at the group home. Staff #1 indicated client #6 used to sit upright in a regular style dining room chair at the dining table until 2 months ago when her dining room chair broke. Client #6 has had her current chair since then. Staff #1 indicated the facility needed to look at other seating options for client #6 when she sat at the dining room table.</p> <p>9-3-8(a)</p>			
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